Vermont Medicaid
Consolidated Payer Sheet for VT Pharmacy Use
Special Notice for Compounding –02/13/07

Bin #:   610593
States: Vermont
Destination: SXC Health Solutions / RxClaim
Accepting: Claim Adjudication, Reversals
Format: NCPDP Version 5.1

1.   Segment And Field Requirements By Transaction Type

BILLING (B1), REVERSAL (B2), and REBILLING (B3) TRANSACTION DATA ELEMENTS
(**M** = Mandatory,   **S =** Situational, *****R =** Repeat Field)

NOTE: A "Situational" data element means the NCPDP Standard does <u>not</u> require data on all claims, but the PLAN SPONSOR reserves the possibility to require use in specific claim situations. The 'Mandatory" fields within a "Situational" segment are only mandatory IF the segment is being utilized.

Transaction Header Segment - Mandatory		Segment is Required.
NCPDP Field	**Field Name**	**Mandatory Situational Repeating**	**COMMENTS/VALUES**
1Ø1-A1	BIN NUMBER	M	**610593**
1Ø2-A2	VERSION/RELEASE NUMBER	M	51
1Ø3-A3	TRANSACTION CODE	M	123
1Ø4-A4	PROCESSOR CONTROL NUMBER	M	**VTM or VTD (Members with Medicare Part D use VTD)**
1Ø9-A9	TRANSACTION COUNT	M	Up to 4 allowed
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	Use 07 - NCPDP ID
2Ø1-B1	SERVICE PROVIDER ID	M	NCPDP ID
4Ø1-D1	DATE OF SERVICE	M	CCYYMMDD
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	Use value for Switch's requirements.

Claim Segment – Mandatory		Segment is Required for B1, B2, B3 transactions.
NCPDP Field	**Field Name**	**Mandatory Situational Repeating**	
4Ø7-D7	PRODUCT/SERVICE ID	M	NDC, or for OVHA compound claims submit 11 zeros in this field and complete field 489-TE
4Ø6-D6	COMPOUND CODE	M	Required for B1 & B3 claims. '2' if product is a compound.

Compound Segment – Situational		Not Required.
NCPDP Field	**Field Name**	**Mandatory Situational Repeating**	
111-AM	SEGMENT IDENTIFICATION	M	10– transmit ONLY if the segment is transmitted.
489-TE	COMPOUND PRODUCT ID	M	NDC
448-ED	COMPOUND INGREDIENT QUANTITY	M	Amount of each dose dispensed
449-EE	COMPOUND INGREDIENT DRUG COST	M	Cost of each NDC dispensed

2.   GENERAL INFORMATION

Live Date:	01/01/2006 (Payer Sheet revisions 02/13/07)
Maximum prescriptions per transaction:	4
Plan specific information, customer service:	(800) 250-8427 VT Member Services Unit
Technical assistance, pharmacy help desk:	(866) 715-0876 SXC Health Solutions, Inc.
Vendor certification required:	Yes
Pharmacy Registration with Payer Required:	No
Switch Support:	NDC Health Emdeon/WebMD eRx

3.   OTHER INFORMATION

-   **State-issued Medicaid Provider ID required for adjudication and reimbursement.**

-   **Vermont Medicaid requires that compound claims be submitted using the COMPOUND SEGMENT for multi-ingredient compound claims. Single-ingredient compound claim submission is not longer supported.**